

0010/PTO Rev. 6/95 U.S. Department of Commerce Patent and Trademark Office COMBINED DECLARATION (37 CFR 1.63) AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing	Attorney Docket Number	16319-05906
	First Named Inventor	Michael J. Wissner
	<i>COMPLETE IF KNOWN</i>	
	Application Number	Unassigned
	Filing Date	Herewith
	Group Art Unit	Unassigned
	Examiner Name	Unassigned

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SCALABLE DATABASE MANAGEMENT SYSTEM

the specification of which

(Title of the Invention)

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) [] as United States Application Number or PCT International Application Number [] and was amended on (MM/DD/YYYY) [] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations. § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code § 119 (a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental sheet attached hereto.

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DECLARATION					ADDITIONAL INVENTOR(S) Supplemental Sheet					
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name	James			Middle Initial	C.	Family Name	Salem		Suffix	
Inventor's Signature							Date			
Residence: City	Acton			State	MA	Country	USA		Citizenship	USA
Mailing Address	11 Half Moon Hill									
Mailing Address										
City	Acton			State	MA	Zip	01720		Country	USA

Name of Additional Joint Inventor, if any:				I A petition has been filed for this unsigned inventor			
Given Name	Arden		Middle Initial	L.	Family Name	Rodgers	Suffix
Inventor's Signature						Date	
Residence: City	Arlington		State	MA	Country	USA	Citizenship
Mailing Address	60 Blossom Street						
Mailing Address							
City	Arlington		State	MA		02474	Country
							USA

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix	
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Mailing Address							
Mailing Address							
City		State		Zip		Country	

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix	
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Mailing Address							
Mailing Address							
City		State		Zip		Country	
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto							